c - Coordinating council

10 - minutes

b - 1955-1957

Helen Sherwin
1/5/55

COORDINATING COUNCIL MEETING

The minutes of last meeting of the Coordinating Council on December 1 were read by Miss Quinlan and were accepted.
Statements which needed furthur clarification and discussion were reviewed.

Points needing Clarification	Discussion	Agreements
1. What do we mean by personal Guidance? (page 2)	1. Means a sensitivity to personal situations. The role one is to assume in helping individual's must be determined.	1. Agreed that this is a matter of degree which is based on support rather than diagnoses or therapeutic value. There is value to listening. There is a need of knowing resources and using them. There are limitations which all should know and accept themselves. Previous minutes should read (Page 2 - #4) Include guidance as it relates to ward activity as another area within the scope of ward teaching.
2. Whose responsibility is it to discipline in relation to maintaining standards? (Page 4- #13)	2. There is bound to be overlapping of duties. The primary goal is the same in that both the head nurse and the clinical instructor are responsible for seeing that the student gives good nursing care. There is a need to clarify what is meant by discipline and authority. Penalty goes hand in hand with discipline in most of our thinking. Resistance to authority is something that is typical of the adolescent.	2. The head nurse is responsible for directing the student when standards of patient care have not been maintained. The clinical instructor is responsible for direction when the student has not been taught. (Either the head nurse or the clinical instructor might be responsible for one or both of the above.) We should ask Dr. Lindeman to talk to this group about authority. C.C.
3. Who is responsible for ward teaching?		3. The clinical instructor should be responsible for the following: Includes the cooperation of other people.) 1. Planning conferences 2. Guiding students in in learning experiences.

Points needing Clarification	Discussion	Agreements
		3. Primary responsibility to see that the formal teaching is correlated with ward practice. 4. Informing head nurse of the current areas of study. 5. Directing teaching of new skills. 6. Scheduling and supervision of specified learning experiences pertinent to the clinical area. The above includes planned conferences, assignments, and incidental teaching. The head nurse is to accept the responsibility for ward teaching in the absence of the clinical instructor.
	What are our present conflicts? Conflict of separating service and teaching responsibilities for student nurses. The head nurse does not assume the same responsibility for the degree program student that she does for the diploma program student.	
		That we use the case method of approach in trying to solve the problem (who is responsible for ward teaching). That Misses Grady, Coghlan, Corbett and Hardeman work as a subcommittee on a test case. That the case be presented to show how people function.
4. Does there need to be further clarification for the clinical instructor in helping her to see the student under the control of the head nurse as a member of the ward staff? (page 3 - #10)	4. The clinical instructor has an over-all goal for the students' education which the head nurse does not have. It is the clinical instructor's responsibility to see that this broad goal is attained.	4. The head nurse helps adapt the principles to the care of the individual patient on her ward. This should include all of the needs of the patients while in the Hospital as well as after discharge.

Points needing clarification	Discussion	Agreements
	The head nurse has the specific goal of high standards of nursing care for the patients on her ward.	The clinical instructor teaches the preinciples of nursing care which might help the student in caring for patients in any nursing situations- i.e. - hospital, home, and community.
5. There is a need to define areas of responsibility because the head nurse regards the student primarily as a worker rather than as a student for education. (Page 2- #6 reworded)	5. There is a need for this clarification as the head nurse, because of service demands, is torn between the needs of the student and the needs of her patients.	
6. Who is responsible for the student assignment?		6. The primary responsibility should be assumed by the head nurse within the limitations as set by the clinical instructor. The clinical instructor should give to the head nurse any information ~~of~~ or advice which would assist with and bring about safe care and effective learning.
7. Who is responsible for evaluations?	Need to clarify what is meant by evaluation. Shoudl there be two different tools - one for the head nurse, and one for the clinical instructor? Do not the head nurse and clinical instructor have equal responsibility for evaluation but with different goals? (The head nurse on the results of student practice; the clinical instructor on student learning and growth.)	

Miss Sherwin

CORRDINATING COUNCIL MEETING

January 3, 1955

ATTENTION: Please Bring These Minutes to the Meeting on February ~~3~~ 2 at 9:00 a.m.

The minutes of the Coordinating Council on January 3 were presented by Miss Stewart and were accepted.

Miss Connors, nurse member of the Medical Care Program, was introduced.

Annual report for the School will be presented at staff conferences on January 21, and the annual report for nursing service will be presented on February 28, at staff conference.

The situation of Mrs. S. was presented by Miss Grady, Chairman of the subcommittee. It was used as a case method for determing functions and interrelationships of nursing service and nursing education.

Points needing Clarification	Discussion	Agreements
1. Who is responsible for attitude toward Mrs. S.?	"Head nurses and doctor exchange glances."	Head nurse is very influential in setting attitude of team. Behavior is an important factor in attitude formation.
	Patient is apprehensive sick and ashamed.	Head nurse has responsibility of presenting patient needs to staff. Past history is one resource. Clinical instructor has responsibility of explanning to student in greater detail how occupational hazzard, family influence, A.A., etc. are factors in patients needs.
2. Who is responsible for the nursing care of Mrs. S.?	Head nurse has the responsibility of preparing staff to give care to this patient.	Head nurse assigns, manages and plans for nursing for 24°.
3. What is the supervisor's role?	Supervisor has more than one ward; she will have to be notified. She should not usurp head nurse functions. She may be called on for staff education, reassurance, obtaining equipment, and special nurse.	Supervisor is resource person for head nurse. She may give help if needed, evaluate situation, and may use it for future staff education. She should communicate situation to evening supervisor.

Points needing Clarification	Discussion	Agreements
4. What is the role of the clinical instructor?	Clinical instructor has more than one ward. Head nurse may call her to teach students to care for patient. She should notify her of the situation.	Emergency care is primary: head nurse assumes responsibility. Head nurse may ask clinical instructor to come and teach student, or clinical instructor and student may stand on fringe and observe. Clinical instructor should give detailed instruction later. Student may be tutored by head nurse/ clinical instructor.
5. How does head nurse interpret her role as teacher?	Head nurse is responsible for teaching staff including students about Mrs. S's care.	She often feels guilty because she can't do all the teaching. She should delegate her responsibility to supervisor or clinical instructor.
6. What is the role of the evening and night supervisors?	Student should learn to call supervisor when in doubt.	Head nurse and clinical instructor should reinforce importance of calling supervisor. Clinical instructor should teach student to perform using proper channels of authority. Summary: Interpretation is very important. Head nurse considers clinical instructor as resource for students' education. Clinical instructor accepts guidance role when head nurse has turned student over to her. Boundaries are flexible.

Other practical situations discussed

Points needing Clarification	Discussion	Agreements
1. Young head nurses How can we help them to grasp needy teaching concepts?	Supervisors and clinical instructors have responsibility to help them.	Supervisor may have role of staff educator. Clinical instructor has role of student educator.

Points needing clarification	Discussion	Agreements
4. What is the role of the clinical instructor?	Clinical instructor has more than the staff. Head nurse may call her to teach students. Students to nurse for patients. She should notify her of the situation.	Emergency case is priority. Head nurse assumes responsibility. Head nurse may ask clinical instructor to come and teach students. Clinical instructor and violent may stand or things and observe. Clinical instructor should give detailed instruction before. Student may be covered by head nurse/clinical instructor.
5. How does head nurse interpret her role as teacher?	Head nurse is responsible for teaching staff. Staff defends about the case.	She often feels guilty because she cannot do all the teaching. She should delegate her responsibility to supervisor or clinical instructor.
6. What is the role of the evening and night supervisor?	Student should learn to call supervisor when in doubt.	Head nurse and clinical instructor should reinforce importance of calling supervisor. Clinical instructor should teach students to perform using proper channels of authority. Summary: Interpretation is very important. Head nurse considers clinical instructor as resource for students' education. Clinical instructor accepts guidance role when head nurse has turned students over to her. Boundaries are flexible.

Other practical situations discussed

Points needing clarification	Discussion	Agreements
7. Young head nurse how can we help them to grow ready learning concepts?	Supervisor and clinical instructors have responsibility to help them.	Supervisor may have role of staff educator. Clinical instructor has role of student educator.

Points needing Clarification	Discussion	Agreements
2. How can one get and receive more information with fewer charge nurse reports?	Both should use available resources.	Available resources are night supervisors reports in nursing office, reports after doctors rounds and staff reports.
3. How can we help head nurse to accept student roles as team members and as students in school?	Spread working scholarship philosophy and interpretation as team members.	Aim toward showing students pay for 50% of maintenance and tuition.
4. It has not been possible to meet the policy of 2° of ward teaching in on duty time.	Maintain policy.	Try to maintain policy. Clinical instructor will report students who do not have the time made up to them.
5. Baker surgeons bring own scrub nurses and difficulty is brought about in student education.	Students should be assigned to Miss Coughlan for distribution.	The school will carry on the instruction program it has set up. Miss Coughlan will be responsible for seeing that students get necessary experience.

Plans for next meeting

Situations will continue to arise in which we are all involved: the patient, student, staff, head nurse, supervisor, and clinical instructor. We should have a positive approach.

Will the same committee of Misses Corbett, Coughlan, Grady and Hardeman prepare an overall guide including:

1. A statement about clinical instruction and head nursing based on agreements in the minutes.

Two problems will be discussed after this presentation:

1. Clarification of the role of the supervisor.
2. Methods of envolving other staff members and when.

K. Hardeman

Points needing clarification	Discussion	Agreements
2. How can one get and receive more information with fewer charge nurse reports?	Both should use available resources.	Available resources are night supervisors reports in nursing office, reports after doctors rounds and staff reports.
3. How can we join hand nurse to accept students roles as team members and as students in school?	Spread working scholarship philosophy and interpretation as team members.	Ask toward showing students pay for 50% of maintenance and tuition.
4. It has not been possible to test the policy of 20% of ward teaching in on duty time.	Maintain policy.	Try to maintain policy. Clinical instructor will report students who do not have the time made up to them.
5. Major surgeons being seen across nurses and difficulty is brought about in student education.	Students should be assigned to Miss Coughlan for distribution.	The school will carry on the instruction program it has set up. Miss Coughlan will be responsible for seeing that students get necessary experience.

Plans for next meeting

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COORDINATING COUNCIL MEETING - February 2, 1955

Miss Sleeper presiding:

Others present were:

Miss Lepper, Miss Grady, Miss Matthews, Miss Quinlan, Miss Corkum, Miss Hardeman, Miss Stewart, Miss Perkins, Miss Corbett, Mr. Sousa, Miss Coghlan, Miss Sherwin, Mrs. Matthie, Mrs. Braman.

Miss Sleeper requested items for discussion that had not been placed on the agenda.

Miss Quinlan presented Exposure to X-ray & Radium Implantation:

It is necessary to hold a child for x-ray, therefore there is a definite reason for concern of exposure.

Could a policy be set up for the protection of students, graduates, and those members of the staff whom it might affect. All concerned with radium removing should be protected. Radioactive gold therapy is another concern. Dr. Robbins is to be invited to come to the administrative committee to discuss this on February 16, 1955.

Miss Lepper presented the Report of the Scholarship Committee:

There were 9 - 2 point vouchers. There were many more applicants than vouchers available.

There was a preference to graduates remaining with the hospital. All vouchers would be used, and have been distributed. Miss Sleeper presented anew idea that three from the school will be granted a scholarship to attend a seminar on coordinating sciences.

Miss Lepper asked if there could be a way to send two members of the staff to

COORDINATING COUNCIL MEETING - February 2, 1955

Miss Sleeper presiding:

Others present were:

Miss Lapper, Miss Grady, Miss Matthews, Miss Quinlan, Miss Curtis, Miss Barlowe, Miss Stewart, Miss Perkins, Miss Corbett, Mr. Sowes, Miss Coghlan, Miss Sherwin, Mrs. Hatchie, Mrs. Strauss.

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Miss Lapper asked if there could be a way to send two members of the staff to

the convention this year? How can we raise the money?

Miss Sleeper will pursue this idea.

It was suggested that perhaps a food sale might be held.

Miss Lepper read the announcement of a new series of work simplification by Mr. Mattos. The teachers in the school are to be asked if they desire to attend.

Miss Lepper gave a report of the highlights of the Board Meetings of the League. The Steering Committee has been working on the three following areas:

1. In-Service Education. - A manual is to be prepared.
2. Help to O.R. nurses. - A manual has been prepared.
3. Help to the Nursing Service Administration. - A manual will be prepared.

The membership in the League has increased - 7146 members - 9% new members - 40% hospital nursing members.

There is a definite lack of agency membership.

A recommendation was made by the league that it is inadvisable at this time to experiment with only one organization. It should remain ANA and N.L.N. on the state level.

A new pamphlet called "Objectives of Educational Programs in Nursing", was shown by the National League for Nursing. The steering committee spent much time in preparing this pamphlet.

Miss Lepper presented Planned Agenda:

The continuation of the clarification of functions of the clinical

the convention this year? How can we raise the money?

Miss Cooper will pursue this idea.

It was suggested that perhaps a fund raise might be held.

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Miss Lepper presented Planned Learning:

The continuation of the clarification of functions of the clinical

teachers and supervisors:

(Refer to statement and diagram as has been distributed).

Miss Grady stated it was agreed by the committee that concentration on functions without focusing on the student inhibited progress. The student's goals are determined by clarification why she is there.

Head Nurse goals:

1. Interest in patient.
2. Responsibility as a leader.

Clinical Instructor's Goals:

Interest in student's education. She guides and directs at the bedside. The Head Nurse and Clinical Instructor must work cooperatively.

Miss Hardeman suggested that the group discuss that statement as prepared by the committee - in essence, it could be considered a philosophy with the functions arising from it. Miss Stewart wonders why the difference should be so pronounced. It was agreed that it should be a dual function, rather than two roles. Miss Lepper felt it necessary for the group to be sure of its own thinking and feelings in order to present it to another group. "Give support to the worker in challenging situations," is an important function in all levels, whether she be a learner, worker, head nurse, or supervisor. The nursing service perhaps needs to emphasize

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the fact as stated in our philosophy that we must provide a laboratory for the student. There must be or should be available, situations that can be selected for teaching, but by the same token, there is a real need for the unusual situation to arise to present a challenge to the learner.

Modification of Page 2: (See #5)

"Assume responsibility for staffs' education and give support as needs are perceived".

Add to the last sentence on page 2 under a:

"The head nurse, clinical instructor and student shall give reciprocal support and each shall support the programs.

The statement and diagram to be presented to the supervisor and clinical instructor for discussion - then plans will be formulated to bring the group together.

Tentative date is the first Friday in March - 10:00 a.m. - 11:30 a.m., in Wolcott House.

Assignment:

Reports and discussions of the individual and combined meetings.

The meeting adjourned at 11:25 a.m.

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Modification of Page 2: (See #2)

"Assume responsibility for adults' education and give support as needs are perceived".

Add to the last sentence on page 2 under #:

"the head nurse, clinical instructor and students shall give technical support and each shall support the program.

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Adjournment:

Reports and discussions of the individual and combined meetings.

The meeting adjourned at 11:35 a.m.

Miss Sherwin

Minutes of Co-Ordinating Council Meeting

April 6, 1955

Members present: Miss Sleeper presided, Miss Lepper, Miss Perkins, Miss Stewart, Miss Quinlan, Miss Hardeman, Miss Corbett, Miss Sherwin, Miss Grady, Mrs. Braman, Miss Corkum, Miss Mathews, Mr. Souza and Miss Mason (Boston University Field Student) by invitation.

Miss Sleeper

Subjects on agenda, needing the Council's attention:

1. Planning and organizing within the school and nursing service for Civil Defense preparations.

2. Continuing the discussion of previous meetings regarding the functions, responsibility and authority of each group, Clinical Instructor and Head Nurses?

Miss Sleeper reported on areas of Civil Defense being investigated by a national committee, ARC, the Army and other interested agencies.

There is a considerable amount of literature which needs to be reviewed by the Council to orient themselves to necessary background information, and proposals for ways of preparing professional and non-professional persons for action in case of an atomic disaster before the Council can discuss what should be done in the way of teaching and preparing the personnel of the Nursing Department to function effectively in the event of an atomic disaster.

Thought must be given to side issues which might arise as a result of training professional personnel to administer I.V. solutions, or to suture wounds, for example (areas which the Civil Defense committee proposes could be assumed by nurses.)

Council members should orient themselves to needs to be met by nurses in event of atomic disaster and come to the next meeting prepared to discuss how this problem of preparing personnel should be carried out in this hospital.

Miss Lepper

Raised the question of a committee's functions:-
What guiding policies should be made?
a. To whom does the committee report.
b. How often does the committee report.
c. How does the committee report.
(by writing (minutes); verbal etc.)
d. How long does a committee function?
e. Who establishes a committee?
f. Who sets up the committee's objectives?
g. How much authority is delegated to a committee?

Definition:-
A committee is a body of people appointed to take action on some matter or business.

What is the difference between a conference and a committee?

A conference is a formal consultation or discussion; interchange of views. It may recommend action, but it does not take action.

The confusion and ineffectiveness of some of our committees may be due to:-
1. lack of policy direction from the parent group which established the committee.
2. lack of clear lines of authority
3. lack of consistent methods of communications.
4. lack of clear objectives

Discussion about communications continued--
use of grape vine
use of informed leaders
to pass along information.
Annual reports are a necessity. Parent group is responsible for designating the frequency of the reports coming from their sub-committees or ad hoc committees.

Agenda for April 15th Staff Conference
Planning Committee
Chairman - D. Corbett
1. Member - E. Perkins
2. Others to be solicited

Topic
An issue relating to school and nursing service that will illustrate the current haziness concerning

what is a committee, its organization and activities and make an effort to clarify this haziness.

Method to be used to illustrate topic role playing.

E. Lepper

Reported that the Fund Raising Committee to send two delegates to the NLN Convention had achieved its goal by raising $246.

R. Sleeper

opened a discussion about item 2 on the agenda:-
The functions, responsibility and authority of the clinical instructor and the Head Nurse. When she inquired what she was to say or how should she conduct the meeting, she was asked to "chair" with the instructor groups of both the degree and diploma programs.

Miss Sleeper raised this question of her approach to the instructor group, because she felt that the members of the Council had not yet reached a common understanding or unanimity of thought on this problem. If her supposition is correct, she could not present a single interpretation as the representing of the thought of the entire Council membership.

The general discussion which followed proved that the Council still held numerous opposing opinions and would need to continue with more discussion on the problem in order to find a solution.

The group agreed that clarification on the Lines of authority over the student in the ward situation was needed. Also a means of planning how to coordinate the activities of the clinical instructor and head nurse in relation to students needed to be solved. This topic will be placed in the next agenda for further discussion.

Respectfully submitted,

Barbara Mathews

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tion and activities and make an
effort to clarify this business.

Method to be used to illustrate topic
role playing.

6. Lepper

Reported that the Food Relief Committee
to send two delegates to the 4H Convention
had achieved the goal by raising $10.

7. Sleeper

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agenda -
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If her supposition is correct, she would
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The general discussion which followed
showed the Council will hold important
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This topic will be placed in the
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Respectfully submitted,

Dorothy Dickson

Miss Sherwin

MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING 6/55

MEETING OF THE COORDINATING COUNCIL OF THE NURSING SERVICE AND NURSING SCHOOL

Minutes of June 1, 1955 9-10:20 A.M.

Present: Miss Sleeper, presiding, Mrs. Bremen, Misses Corkum, Corbett, Grady, Quinlan, Miss Farrisey for part of meeting. Misses Stewart, Sherwin, Hardeman, Petzold, Perkins

Absent: Misses Lepper and Coughlan. Mrs. Matthie.

Topics:

1) The implications of student requests for time off to attend beach parties following the June formal dance were considered from the standpoints of service, school, and the best interests of the students. Policies are to be formulated based on decisions growing out of this situation. All requests for extraordinary time should be cleared with School officials before permission is granted so that all requests may be met equitably and the wisdom of some places of students may be considered.

2) Miss Hardeman distributed slips to all assistant directors of Nursing Service who have students assigned to their wards if evaluation reports were missing. A large number have not been submitted and are needed for work by evaluations' committees.

3) Miss Ruth Farrisey inquired about health and other problems that might affect the employment of Miss Dorothy Holm.

4) Miss Quinlan raised a problem in Pediatrics in which channels, communications and dimensions of their jobs seem to need further clarification when the head nurse, supervisor, and teacher-supervisor are involved.

Pediatric and other excursions were discussed as to time involved and frequency. An existing policy was re-stated: i.e., that class hours may only be increased by Executive Faculty. Pediatric field trips are not to be increased without permission.

How nursing service can plan time when travel time plus the time of the excursion meeting is involved was considered.

Nursery School observation may not be arranged in the summer because these schools move to the country. Shall any experience be planned instead or may Nursing Service consider this time available?

5) State Registration outside of Massachusetts

Since a fifth experience such as Communicable Diseases, O.P.D. or other may be required by one or more states, this School must consider notonly how to meet possible needs of the graduating class but how to plan for the future when no specific information is available.

Miss Farrisey says O.P.D can absorb students this summer. Some plan whereby 4 hours of observation (versus service) and 4 hours on the wards might be devised.

Miss Libby is to relieve for <u>some</u> of Mrs. Matthie's work during her recuperation; up to September 3, Miss Libby can do some student supervision.

MEETING OF THE EXECUTIVE COMMITTEE OF THE NURSING SERVICE AND NURSING SCHOOL

Minutes of June 2, 1955 9-10:30 A.M.

Present: Miss Stewart, presiding, Mrs. Freeman, Misses Carlson, Corbett, Crosby, Quinlan, Miss Partridge (for part of meeting), Misses Stewart, Sherwin, Hardman, Petzold, Hoskins

Absent: Misses Lepper and Coughlan, Mrs. Mastick.

Topics:

1) The implications of student requests for time off to attend local parties following the June formal dance were considered from the standpoints of service, school, and the best interests of the students. Policies are to be formulated based on discussions pending out of this situation. All requests for extracurricular time should be cleared with School officials before commitments in regard to that. All requests may be met equitably and the wishes of the classes of students may be considered.

2) Miss Hardman distributed copies to all assistant directors of Nursing Service who have students assigned to their units if evaluation reports were missing. A large number have not been submitted and are needed for work by evaluations committee.

3) Miss Ruth Partridge inquired about health and other problems that might affect the employment of Miss Dorothy Hoda.

4) Miss Quinlan raised a problem in Pediatrics in which nurses, communication and dimensions of their jobs seem to need further clarification when the head nurse, supervisor, and doctor-supervisor are involved.

Pediatric and other questions were discussed in the time involved and frequency. In existing policy that pre-attack leads, that these hours may well be the command by Executive Committee later. Pediatric field trips are not to be taken out without permission.

How nursing service can plan time when trained aide plan the time of the occupation nursing in Pediatrics has constituted.

Nursery School quality education may not be adequate in the nursery because school moves to the country. Shall any recommendation be approved today or may Nursing Service consider this time available?

5) State Registration certificate or license fee.

Since a fifth examination such as Communicable Diseases, C.P.R., or other may be required by one or more states, this School must consider carefully how to meet possible needs of the graduating class but have to plan for the future when no specific information is available.

Miss Partridge have CPR and absorb students into course. Some form already 6 hours of observation (course director) and 4 hours on the ward as divided.

Miss Lepper is to develop for June of Mrs. Hostick's work during her vacation up to September 2. Miss Lepper can do some student supervision.

Miss Hicks is to review students' records to see OPD needs, to count 1 week of B.L.I. O.P.D. and to report the deficit of each.

6) Miss Stewart is to see Mrs. Brady at H. and E. about student experiences and to follow-up on student experiences as they see them.

The Council meeting adjourned and the Executive Faculty, School went into session.

MASSACHUSETTS GENERAL HOSPITAL

Coordinating Council
Nursing Service and Nursing Education
October 5, 1955

Present: Miss Sleeper, Miss Lepper, Miss Corkum, Miss Farrissey, Miss Grady, Mrs. Matthie, Miss Perkins, Miss Petzold, Miss Quinlan, Miss Sherwin, Mrs. Smith (B.U. Field Student), Miss Stewart, and Miss Scott, guest from Birmingham, England.

What is going on around here?

This is the first meeting of the council since June and the meeting was opened with the suggestion, from Miss Sleeper, that each member contribute an item of news about their unit. This was picked up by Miss Grady and carried clock-wise around the table.

Bulfinch: Students in their first clinical experience in medicine are ready for their first evening experience and a problem of supervision, resulting from the fact that Mrs. Prouty will not take up her duties as Clinical Interne until November 7th, is apparent. Mrs. Johnson and Miss Grady presented a plan to the Head Nurse-Supervisor group which involved taking Miss Sylvia Brown, staff nurse on B1 and Miss Maureen Donnelly, staff nurse on B2, for the number of days required to supervise each student two evenings. The plan was accepted.

The Coordinating Program: (1) Miss Perkins expressed concern about the lack of telephone facilities in the classroom area of the Domestic Building. Miss Sherwin recommended that the telephone (extension 2149) which is outside the classroom and charged to the school, could be moved to the inner classroom. This would not interfere with Miss Bates. Miss Stewart will inititate the change. (2) There is need for a scheduled of classes for the Aide, L.P.N. and pre-clinical 3 and 5 year groups who use that classroom. (3) The Coordinating Program currently has 22 students. Five sophomores -- two doing their first term and three others. Three juniors and two seniors. Four students are now in the clinical group, two of whom are on affiliation. Miss Sleeper interjected a word about the Coordinated Program, saying that a study has been requested to determine factors lacking in a program which does not attract potential student. It is hoped that money, to finance such a study, might be obtained through the Rockefeller Foundation.

Baker Memorial: (1) Construction headaches ! The visitor's rooms; the porches are being converted to patient rooms; the porches to 3 beds, 1 single and one 2 bed. Baker 9 is being made ready for chest surgery with oxygen and suction being piped to each individual unit. Future plans for the Neurological and Neuro-Surgical services imply that they will be located on the fourth floor of the new building, to include also an E.E. G. laboratory. It is rumored that the present Baker Memorial roof will be enclosed and that the accounting department will be located there. Baker Memorial currently has 52 boarders.

(2) The Household Nursing Program has changed its program so that students (15 each) will come for their affiliation in the months of December, February and August. The advantages are: Constant flow and better rotation. The problem of housing 15 extra students increases the budget and will require additional apporpriations.

Diploma Program: Miss Petzold announced that 90 students in the pre-clinical area are now practicing on the wards about 5 hours per week. Many from this group have volunteered to help with the feeding problem in the Burnham area and are very enthusiastic.

Miss Stewart: (1) Mrs. Horton, former Head Nurse in Children's Medical Clinic, has been appointed at Public Health Assistant to Miss Andrews and will act as consultant in the clinical area in Surgery - Emphasis on total patient care. Miss McCann, likewise in Medicine. (2) Class room changes - Thayer, 1st floor corner room to be converted into a Nutrition Laboratory. Plans also are underway to divide Walcott House class room by means of a portable partition. (3) Housing 14 North Grove Street House has been closed. Fourteen double-decker beds have been installed in Bartlett, temporarily. (4) Dr. Rosenberg has had 2 meetings with the students; the problem at the moment seems to be to find a time that best suits the group. They have changed from Friday to Monday.

Science Department: Classroom facilities continue to be tight; the private dining room, East Pay Cafeteria and Work Simplification Room are being used by the School. Administration is very conscious of problem.

Vincent-Burnham: (1) Miss Quinlan informed the group of an In-Service program for head nurses in the Vincent-Burnham unit; a pilot study which may point the way for developing a course for preparation of head nurses. All department heads are participating; time planning, assignments, ward management and utilization of personnel are some of the areas included. The response from the group is very encouraging. (2) Mr. Maurello has been employed as a staff nurse in pediatrics and has considerable influence in managing some of the disciplinary problems.

Out-Patient Department: Remodeling of the O.P.D. and construction of an additional floor in the Eye and Ear Infirmary adds a note of progress.

Miss Sleeper: (1) Saturday, October 8th, is Alumnae Day - all are welcome. Dr. Dean Clarke will be the speaker at the general meeting in the afternoon at 3:45 p.m. He will give a report on the Medical Science Building. The latter part of the meeting will shared by Misses Sleeper, Lepper and Huggard - topic - "Our Concept of Nursing Service."

(2) The Social Service Department are celebrating their 50th anniversary. A program of meetings and work shops has been planned for November 1 and 2, some of which are open to all who may be interested. The program will posted on the bulletin board in the dining room. (3) Service-pin ceremony has been scheduled for October 17th in the Rotunda at 3 p.m. Mrs. Braman will receive her pin for 20 years of service; Mrs. Janzunsky and Miss Sherwin 10 years of service. (4) October 18th and 19th - Hotel Somerset - third annual convention - State League for Nursing. October 27th and 28th - meetings of State Nurses Association, Ocean House, Swampscott. Each unit to encourage at least one head nurse to attend whole session.

Miss Perkins expressed the need for a "social integrator." Periodically there are social obligations which could and should be a joint function of school and service. We need to plan to-gether. Misses Sherwin, Quinlan, Perkins and Grady volunterred to consider the issue and bring recommendations back to the group for consideration. Ways and Means of accumulation an entertainment fund and bank account were also included in the suggestions.

Miss Stewart presented a simple method of figuring time off for students coming off night duty. Students works a 40 hour week while on night duty plus a 36 hour week on days, figured on a three week basis. If student has Monday and Tuesday as long days prior to night duty she works 40 hours, the first week; 56 hours the second week (seven 8-hour night), and 22 hours the third week (two 8-hour nights and 1 six-hour day) making a total of 118 hours per 3 weeks or a 39 hour work week which is as close to a 40 hour work week as can be figured.

The goal for 1956 is to reduce student night hours to 36 hour work week.

Miss Sleeper announced that the annual report would be due November 15th. Committee responsibilities should be a part of the report.

Before the meeting adjourned Miss Sleeper asked the group to consider where we would like to see the coordinating council go this year. Miss Stewart expressed the wish that we consider how we might best work together so that there is a feeling of mutual aid. The group was asked to bring in suggestions for the coming year.

At the last student Mass Meeting the students were informed that the Behavior Reports, written by the head nurse, would not be available to them. Clinical instructors will write the student evaluation report. The mechanics for collecting these reports will rest with the Clinical Instructor. A directive to head nurse and clinical instructor is now in order. The meeting adjourned at 11 a.m.

Frances C. Grady

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

COORDINATING COUNCIL MINUTES

This meeting was held on November 7, 1955 in Miss Sleeper's living room from 9:00 A.M. to 12:00 noon. Present were Mrs. Bremen, Misses Coghlan, Corbett, Corkum, Grady, Lepper, Quinlan, Mrs. Smith, Administrative interne, and Misses Petzold, Sherwin, and Perkins. Miss Sleeper presided.

Miss Lepper reported on Scholarships provided through use of Boston University vouchers. Among those studying were staff nurses, assistant head nurses and head nurses, assistant instructors and instructors. For further detail, see the filed report. There was some discussion about how Massachusetts General Hospital can benefit best by the use of these vouchers. It was recommended that the Committee on Scholarships re-consider the criteria for distribution and then report at the next Council meeting.

Miss Sleeper had been thinking about the wisdom of proposing that a scholarship be made available from the interest on the Annabella McCrae Loan Fund which is presently inactive. The eligibility, area of employment, and [illegible] considerations were explored briefly. Promising people in both School and Service might be chosen.

Miss Sherwin reminded the group that a new quarter for the diploma program starts on Tuesday, November 22. At this time for Surgical Nursing only, certain proposals from the diploma school faculty will be given a trial for this twelve-week period. The McLean students will be taught in a separate section and will have classes on the class days of Mondays and Wednesdays. The Massachusetts General Hospital diploma students will have their classes on Tuesdays and Thursdays. The Coordinated Program students also assigned to Surgical Nursing experience will continue to have their class days on Monday and Friday. Thus, it is hoped that problems will be ameliorated that relate to clinical distribution of personnel. Circumstances relating to improved learning opportunities under better conditions will be observed and considered.

Miss Lepper requested the rotation plans from the Diploma and Coordinated Programs so that as much knowledge as possible could be used in future planning.

It was announced that the three Public Health Nursing instructors of the Diploma Program are being assigned by buildings with Miss Andrews' major responsibility the Massachusetts General Hospital clinics, Miss McCann, Surgery in White, Baker, and Out Patient Department and Mrs. Horton, Medicine in Bulfinch, Baker, and Out Patient Department.

The main topic for discussion of the meeting was concerned with the modus operandi of Nursing service and Nursing education as each strives to achieve its goals in the same place and at the same time.

Miss Sleeper quoted from a Study done by a group in Indiana in which a functional analysis of patient care had been conceived under the headings of principal functions, contributory functions, and management functions. (See resume separately circulated.)

From the ensuing discussion, it seemed that interpretation of each to the other was needed in the areas of management and teaching under these five headings:

1. Selection of experience
   a. Assignment of patients and other learnings
2. Understanding of students' capacities, abilities and needs
3. Understanding of the "blueprint" in which all are operating
   a. Background
   b. Assignment - its duration and goals
   c. Interpretation of offerings both long-term and short-term
      1. care of patients
      2. other service functions

(It was thought that if nursing service could identify the managerial skills which it sees essential for the employee to have (in this case-staff nurse), these could be planned for throughout the curriculum with suitable occurrence, frequency, intensity by the education group. Otherwise, the danger of having the curriculum completely structured without sufficient allowance for these goals, is possible. Cooperative planning with nursing service is an obvious necessity.)

4. Coordination of efforts at evaluation
   a. Nursing school and Nursing service-roles of instructor and head nurse
5. Coordination of assignments within the whole framework
   a. Goals needed for day, evening, and night assignments

Miss Lepper read from some materials derived from work of the Steering Committee, Department of Nursing Service, NLN, in which the functions of the nurse were analyzed:-

She must be able to plan her own work.
She must be able to plan that for other groups.
She must be able to determine the extent to which there has been achievement

Nursing Service sees in the product needed emerging from Nursing schools the abilities associated with being able to coordinate work of other personnel in giving patient care. The main implication for nursing education here seems to be the need to foster the development of leadership abilities in addition to developing abilities in nursing care.

A plan to share the thinking of the Council with School and Service staff, including the head nurses, was considered. Finally, it was decided that Miss Sleeper would present the essence of this material at a staff meeting which would be followed by a buffet supper at which buzz groups could analyze and discuss the ideas further. The Staff Conference date was set for November 18, 10:00-11:30 and the Buffet Supper for Thursday, December 8 at 6:15 P.M.

Each member of the Council is to let Miss Fitch know how many of her staff will be present at the Buffet Supper.

Both School and Service should have preliminary meetings to focus on the main issues involved.

Sylvia Perkins
Secretary
Pro tem.

COORDINATING COUNCIL

Wednesday, December 7, 1955

Members present: Miss Sleeper, Miss Lepper, Mrs. Braman, Miss Corkum, Miss Coghlan, Miss Perkins, Miss Stewart, Miss Corbett, Miss Quinlan, Miss Grady Mrs. Matthie, Miss Petzold, Miss Sherwin, Mrs. Smith(field student).
Guest: Miss Neelson (Denmark)

White 9: Miss Corbett reported on the current situation on White 9. There are 25 patients in respirators, The staffing situation is particularly acute—the acute being before and after Christmas and especially during the day and night periods. The assistant directors were asked to present the problem to their respective staffs and see what volunteer help they could elicit to meet the need.

Shattuck Hospital: Miss Sleeper reported on the potentiality of the Shattuck Hospital becoming a respiratory center. One of the biggest difficulties at the Shattuck Hospital is that of procuring nurses who are equipped to care for respirator patients. Consideration is being given to the potentialities of interesting Licensed Practical Nurses to work at this hospital. There is also the difficulty of providing adequately prepared medical personnel to care for today's respirator type patient. Efforts to meet the situation include: (1) special transportation facilities for nurses from the Forest Hills Station to the hospital at the time of change of working shifts, (2) Miss Brooks of the Department of Public Health will initiate efforts to interest schools of nursing and schools of practical nursing in educational experience available at the Shattuck Hospital in terms of the need for every nurse to be prepared to care for respirator patients.

Preparation for General Staff Meeting, Dec. 8/55 Miss Sleeper presented mimeographed material on the philosophy necessitating the separation of the School and the Nursing Service and guide for the breakdown and clarification of funtions of the nursing personnel concerned. As a result of the ensuing discussion the following plan of action was agreed upon—

1-The organizational pattern for both the School and Nursing Service would be presented.

2-Two points of view would be presented:
a) Why the separation was begun.
b) Implications of current and predicted demands for medical care and for educational facilities to both the School of Nursing and Nursing Service.

3-The responsibility of all to plan now for the future—taking the situation out of the realm of the MGH.

Coordinating Council

4-Presentation of informational materials to be done by Miss Sleeper, Miss Lepper, Miss Perkins and Miss Stewart in terms of the Nursing Service and the School, where they are at present and what progress has been made to-date towards what we want to accomplish.

Many implications were brought up for discussion of the above mentioned points such as:

1-NLN is promoting clarification of responsibilities of schools of nursing and of nursing service.

2-Statistics provided in "Tidal-Wave of Students" predict that by 1965 2/3 again as many students as now will be in our high schools. By 1970, 50% of high school students will seek to enter our colleges.

3-The urgent need for numbers of prepared teachers to meet the critical situation of providing secondary educational facilities.

4-The problems presented to schools of nursing are manifold in terms of maintaining standards at the same time increasing enrollment to meet the health needs of the countr.

5-The problems presented to nursing service is to meet the needs of the increased hospital admissions which have already tripled between 1935 and 1953. What are the implications to meeting the demands for nursing personnel, and of the evolving responsibilities for the professional nurse?

Preparation for Buffet Supper following Staff Conference

Representative of both school and nursing service to be at all tables as well as representative of various hospital units. Individual name labels of identification will be supplied. Members of the Co-ordinating Council will serve as hostesses. Buzz groups will be stimulated by mimeographed material prepared by Miss Sleeper. Emphasis to be guided to ward consideration of how members of the school and members of nursing service can work together. The discussion will be in terms of the situation presented by the day shift since the situation on evenings and nights differs in mechanics. It is hoped that the buzz groups will bring out the common problems or elements which need clarification.

Patient Education

Miss Stewart presented a mimeographed copy of "Home Care of Ureterostomy Tubes" which had been worked up by a group of student nurses under the guidance of Miss Miles, clinical instructor. Miss Myles had taken it to the Chief of the Urology who had approved of it for general use. The point of discussion was how should the school handle patient-education material which it produces? The results of the discussion brought out the following:

1-Written materials for patient education should be referred to the Committee on Patient Education of the Department of Nursing Service.

2-Materials devised by the school should be labelled under the name of the school, and for the use of the school as guides to facilitate the instruction of the student.

3-When materials are in the process of being approved for actual use, it is important that there be as brief a time lapse as possible to avoid possibilities of the materials becoming obsolete before action is taken.

4-There are three to four public health nursing members in the faculty of the school of nursing while nursing service does not, at the moment, have a public health person. The imbalance inevitably presents pressures.

5-A committee was proposed to work on policies to clarify apparent overlapping functions of school and service in relation to patient education. The membership of the committee will be: Miss Lepper, Miss Quinlan, Miss Stewart, Miss Perkins, Mrs. Matthie and Miss Petzold.

Federal Civil Defense Agency

Miss Lepper reported on a conference she attended relative to the FCDA plans for methods of setting up an emergency hospital. An initial dry run is scheduled for trial at Sam Huston, Texas.

Respectfully submitted,

Mary E. Quinlan

MEQ/a

NURSING DEPARTMENT

COORDINATING COUNCIL

January 4, 1956

All members present except Miss Farrisey.

Announcements and miscellaneous business

1. Work simplification class request forms were distributed to the Assistant Directors of Nursing in Service and School.

2. A discussion regarding self-medication, particularly in relation to sedatives and stimulants, resulted in the following decisions:

   a. Talk with Dr. Culver, as Chief of Staff Clinic, and member of Student Health Committee.

   b. Ask the Pharmacy about the possibility of dispensing a smaller amount of sedatives.

   c. Make the subject a topic for a staff meeting.

3. The next staff meeting is to be Friday, February 3 from 10-11:30. Head nurses and teaching internes are to be included.

4. Dr. Coe is to have a position in Surgical Clinic similar to that of Dr. Stoekel in Medical Clinic.

5. Mr. Frank Eggleston, G. U. Clinic, is to retire on January 21, and will be replaced by Mr. Quinn presently on the Baker staff.

Discussion of December staff meeting

Communications seemed to be the subject which raised the most questions. Questions which arose re differentiation of the role of the clinical instructor - head nurse - supervisor probably would have been clarified at the meeting if more time had been spent in presenting the prepared printed material.

It was suggested that the discussion of this meeting center around four questions

1. Is there agreement in terms of the philosophy expressed in the material prepared for the December staff meeting?

2. How does each member of this group see her responsibility for communicating to her own group

   a. general information

   b. philosophies

   c. general attitudes

3. What channels and methods of communication are used, and what are the possibilities for better communication?

4. What should be the topic for the next staff meeting on February 3?

Question 1 re agreement of philosophy

Several members of the group expressed what they considered to be the feeling of their own work group, that there is considerable agreement with the philosophy, that it is novel, that implications were not realized, that Head Nurses and Supervisors are "Not thinking so much in terms of the student for service," that there is closer working together with respect for the role of each other. This group appeared to accept the philosophy in general. It was suggested that the presented material be made more specific by illustrations.

It was also suggested that supervisors (then head nurses and instructors) work separately with the material then choose a key situation and present it at a staff meeting to develop premises and then a philosophy.

Each member present was to take the material to her own work group, work with it and then in 2-3 months make a plan for a staff conference in some appropriate way. To report progress at next coordinating council.

Question 2 re responsibility for communication

We who are to set pace must understand, if not must get clarification, if we are to communicate something to ourstaff.

We are to make sure that anything confidential is identified, then we are to use judgment in selecting what is to be passed on to others.

We are to look into the methods by which communication is established in our own units.

We must understand the areas in which it is our prerogative to make decisions. We must see how to operate when we do not agree. We should interpret the opinion expressed by the group, not our own when reporting information from a group discussion.

Meeting of February 3, 1956

Role play incident

Committee

Miss Corbett (to call meeting)
Miss Petzold
Mrs. Smith

Communication period.

Ask group if they would like another supper meeting.

Respectfully submitted,

ESL:BF

Edna S. Lepper, Secretary

To Nursing
3/5/56

MASSACHUSETTS GENERAL HOSPITAL
DEPARTMENT OF NURSING

Patient Education Policies

1. All basic Patient-Education materials to be used by nurses or other members of the Nursing Department in teaching patients or families shall be channeled initially through the Steering Committee on Patient Education.

    a. Medical approval for these materials will be obtained by members of the Steering Committee and its subcommittees in the areas of Medicine and Dermatology, Surgery, Urology and Gynecology, Orthopedics and Rehabilitation.

2. All Patient-Education materials shall have the approval of the individual patient's attending physician as well as the Chief of Staff of the particular medical service to which the patient has been admitted.

3. All Patient-Education materials which are used at MGH will have a duplicate copy in a central file located in the Central Office of the Nursing Department, along with a copy of the material will be data as follows:

    a. The date the material was written
    b. The name of the individual by whom the material was written
    c. The names of the individuals, medical, by whom the material was approved (preferably in writing).
    d. The type of patients for whom the material has been approved
    e. The source from which additional copies may be obtained, i.e. print shop, location of stencil in case of mimeographed material.
    f. Index

MEQ/a
2/27/56

Madeline Brown
B Grogan
P Andrews
MQ

New dietary teaching plan

The latest rotation plan provided no students for the diet kitchen for the three weeks beginning February 13. This was particularly significant to the Dietary Department because student nurses served the meals to patients on several of the White Building floors. The School of Nursing provided students to serve breakfasts on some of the floors from the Operating Room student group. After a meeting of Miss Hatch, Miss Sleeper and hospital administrators, two dietary aides were hired for this purpose, and authorization obtained for a half-time nutrition instructor. The latter is very important because of the need to develop a new plan for teaching the practical aspects of nutrition on the ward. This the School of Nursing is currently working on.

Student Interne Conference with Miss Sleeper

Students say that they do not get their requested services. Miss Sleeper will talk with Miss Hicks. Students suggest experience on more wards for shorter periods of time. They would like experience on White 12. Some students have had experience on White 5, White 9 and are now on White 8. They feel it to be too much rehabilitation experience. Students say that they are left in charge of a ward without being given instruction. They are asking for preparation. Some students would like O.R. experience in the internship. Some Public Health - more pediatrics, Emergency Ward, Clinics.

Miss Sleeper attempted to explain why some experiences are not available, the purposes of the internship, the necessity for the student to take an active part in making her internship experience an educational one.

Students asked for classes to prepare them to take State Board examinations. They asked also to attend orthopedic classes on White 5 to prepare for State Board examinations.

Students will meet again with Miss Sleeper on a voluntary basis.

Class Rooms

The Phillips House basement class room is to be remodeled.

The Walcott class room is to have two portable dividers so that one, two, or three rooms may be available each with a separate entrance. The secretaries' office will be moved to what is now the lavatory on Walcott 1 opposite the guest room.

Student reports of errors.

There is need for the School of Nursing to file in a student's folder a report of an error made on the wards. The School will ask students to make out such accident reports in duplicate and to give the carbon report to their ward instructor.

ESL:BF

Miss Sherwin

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

COORDINATING COUNCIL MEETING
MARCH 5, 1956

Present: Mrs. Braman, Misses Coghlan, Corkum, Corbett, Grady, Lepper, Perkins, Petzold, Quinlan, Stewart; Miss Sleeper presiding. Mrs. Matthie absent.

Legislation

A new nursing practice act will will be heard before Committee at the State House on March 13th. This present bill is not being sponsored by the State Nurses' Association, it was introduced independently. A second bill purporting to license as a practical nurse anyone who has nursed for five years will also be heard, probably the same day. The State Nurses' Association will appear against the latter. We are urged to be present at the hearings.

Discussion of teaching responsibilities of the clinical instructors and head nurses.

There seems to be more understanding of the difference in function and of the ways in which cooperation may be achieved in teaching student nurses on the wards. The roles of the instructor and head nurse seem to have been clarified to a greater extent since the staff meeting and distribution of written material on this subject. There have been more experienced instructors on the wards who were less insecure. A suggestion was made that new clinical internes be given some of their introduction together so that such topics as their roles can be made clear to them.

Future staff meetings

The topic of group dynamics was proposed as a result of discussions after last staff conference when members felt that group reporters would have benefited by instruction. Miss Sleeper will seek a person who might teach group dynamics briefly. It was suggested that a reading list be made available, and the members be encouraged to read on the topic before the next meeting.

Announcements

1. A Workshop in Rehabilitation will be given for the White Building nursing staff on April 12. The purpose is to help the staff gain a broader concept of rehabilitation, and a broader concept of the role of nursing service in rehabilitation.

2. The Massachusetts General Hospital has been designated as a poliomyelitis center, second class (not for research or teaching).

Patient Education

Policies for patient education materials were distributed which are to reach all teachers and all wards. Suggestion: Miss Andrews to be the liaison on the patient education committee for the degree program as she is for the diploma program.

Miss H. Sherwin

Correction here

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

ADMINISTRATIVE COMMITTEE

June 6, 1956

Miss Sleeper Presiding

Present: Misses Lepper, Sherwin, Petzold, Corkum, Corbett, Quinlan, Stewart, Coghlan, Grady, Mrs. Matthie and Bramen and 5 B. U. field students in Nursing Service Administration

Absent: Miss Perkins (vacation).

Revised Referral Form: Miss Lepper gave out copies of the proposed revised referral form (see attached copy) which represents a composite of the thinking of a large representative group. One merit of the form is that the things that nurses want most are on the front of the sheet. One demerit - form differs in its make-up from Greater Boston form now generally used. (It is hoped that the newly revised form will be picked up.) The present form is made out in quintuple but there exist strong feelings against this. Four copies have been recommended as best; original and 1st copy to agency, 3rd incorporated in patient's record and 4th to remain in head nurse unit. The need for the 5th copy was for the purpose of getting welfare funds on welfare patients. Medical Records Department will, in the future, fill this gap when the abstractors pick it up in the record and will automatically fill out a form to the Welfare Agency.

Advisory Committee to Staff Education: The time is ripe for a committee to help expand Staff Education. Committee to meet once a week and to get started this summer. Suggestions were solicited and the following were listed:

Chairman - F. Grady (Assn. Director)
Members - Mrs. Murphy, P.H. (Supervisor)
Miss McArthur, O.P.D. (Head nurse)
Miss McLaughlin, Bulfinch (Staff nurse)
Miss Greenleaf, B.M. (L.P.N.)
Mrs. Tarbox, Vin.Bur. (Aide)
Miss Cox, White (Secretary)

Ladies Visiting Committee - Portable T.V. Set for Shut-in:

Miss Barbour is asking Nursing Service to offer suggestions for the best use of a portable T.V. set, a gift of the Ladies Visiting Committee. It was suggested that it be tried out on B 3.

Thank-You Letter from Miss Wagner:

Miss Lepper read a delightful note of thanks from Miss Wagner.

Appointment to Staff Education:

Miss Tapper, B.U. graduate, will begin employment in September. She has expressed wish to work as staff nurse during the summer. She will be assigned to Miss Corbett for this interim period.

Night Supervisor Appointment:

Mrs. Donabedian will be appointed as the fourth night supervisor.

Salaries for Nurse-Anaesthetists:

Miss Lepper informed the group of a substantial increase for this group.

Medical Students as Aides for the Summer:

Mrs. Daley has been advised to secure medical students for summer employment to be trained (as aides) by Staff Education.

Biennial Convention, N.L.N., 1957:

Miss Lepper requested suggestions for her to take to the committee which meets in New York on June 25th. The possible theme will be "National Defence". Digression - The U.S. Office of Defence offers to match funds with the institution who brings in a person to teach disaster subjects.

L.P.N. Secured from Household Registry:

It is the custom of Household Registry to charge the patient a two dollar fee for obtaining a L.P.N. for a private case. The Admitting Officer poses the question of who pays this fee when the hospital secures this service for the patient? The group agreed that it should be the patient but that the Household Registry should do something about the

procedure since it is in conflict with other registries.
Digression - Miss Sleeper answered the letter from the School of Household Nursing relative to our feeling about L.P.N's wearing bands on caps by saying this should be a decision of the school itself; would like chevron-school or federation. Desirable - that as of a certain date L.P.N's be required to wear a chevron. High on agenda - Policies for the L.P.N. !

Policies for Hiring P.T. Graduate Nurse:

The problem arose because a graduate nurse, attending school part-time, did not wish to conform to one evening a week and every other week-end. Discussion centered around problems evolving from too flexible policies in relation to this group. It was generally agreed that our present policies stand even at the risk of losing some part-time employees.

The Managers Span of Control:

Copies were given out and Assistant Directors were asked to share their copies -

Miss Grady	with Miss Quinlan
Miss Coghlan	with Mrs. Bramen
Miss Corkum	with Miss Corbett
Mrs. Matthie	with Miss Farrissey

Committee on Purchasing:

Miss Corkum reported on the first meeting of this committee. One of their functions is to evaluate new equipment; overbed tables are currently being scrutinized - demonstration of these will be held in the Brick Corridor soon. Miss Lepper reviewed policy in relation to changing of standard equipment - Kardex used to illustrate point. Miss Corkum was asked to bring this to the committee.

Meeting adjourned at 12:40 P.M.

Respectfully submitted,

FCG/ag

Frances C. Grady

COORDINATING COUNCIL

September 7, 1956

Members present: Miss Sleeper, Miss Lepper, Mrs. Matthie, Miss Perkins, Miss Stewart, Miss Corkum, Mrs. Braman, Miss Grady, Miss Quinlan, Miss Corbett, Miss Sherwin, Miss Petzold.

Diagnostic Unit: Miss Corkum described the current plans for a diagnostic unit in the Baker Building. Instructional materials for the patients have been devised by Miss Corkum and Miss Kapsenow.

Budget: Miss Sleeper reviewed the current status of equipment ordered on the budget. Some equipment has been ordered already. She requested once again that small items not be included on the budget. There should be consistent and periodic follow-up on items which have been asked for. Any items which involve decorating or refurbishing of furnishings, etc., should be directed to Mr. Mansfield who is assisting Mr. Degan.

Records: A room in the basement of Bartlett Hall has been set aside for school records up through 1939. Eventually the records of affiliating students, old records of nursing service will also be stored over in Bartlett Hall. The use of this space will make it possible for the wooden files to be removed from the Central Office. When an additional door leading into the office is constructed, the central office will be rearranged.

Scholarships: There was a brief discussion of the available scholarships sponsored by the government for nurses. Boston University and Simmons College have been awarded some of these government scholarships.

Department of Labor Study: The area of employment of nurses is to be included in a study of the professions by the U.S. Department of Labor. Forms on which the requested information is to be included will be distributed to the assistant directors.

Intern Classes: Miss Sleeper discussed the intern classes on the group method and professional adjustments. She asked if it would be possible from the standpoint of nursing service for the school to designate Wednesday as class day for the interns and that no

interns be scheduled for a day off on Wednesday. The class hours will be 1:30 to 3 or 3:30 to 5. The ensuing discussion brought out the difficulties of arranging consecutive days off. It was agreed that a trial period would be initiated with Wednesdays as a class day for student-nurse interns. A notice to this effect will be circulated to students and to each ward unit.

NLN Cost Study: Miss Sleeper explained that MGH had been asked to participate in a cost study related to the teaching of clinical students. The information should be obtained before the mid-October NLN meetings. The Assistant Directors of Nursing, supervisors, teachers and head nurses would be involved in participating in the study. More details regarding the study will be available shortly.

McLean Students: There was a brief discussion of the problems arising with the current McLean men assigned to the wards.

Revision of Curriculum and Rotation: Miss Sleeper and Miss Stewart described the committee for the revision of the curriculum and rotation for student nurses.

Recreation Program: Miss Quinlan informed the group of the initial planning for an organized recreation program on the Burnham floors. The program is under the direction of nursing service. Dr. Gellert of the Department of Psychiatry is a part-time consultant for the program. Miss McKenzie, accupational therapist, has been transferred from the Department of Physical Medicine to Nursing Service. Miss Friborg, who has been a volunteer working with Miss McKenzie has been employed as a full-time worker for the program.

Rehabilitation Program: Miss Corbett explained that she and Miss O'Leary are working with Dr. DeLorme to establish a rehabilitation ward and program.

State Boards: Miss Stewart described the results of the recent MGH graduates who had taken their State Boards. Students averaged ratings in the 600's in all areas except obstetrics. The median rating is 500.

New Students: Ninety-three student nurses entered the diploma program this September.

Miss Sherwin gave a brief description of her experience at Bethel. Miss Lepper spent the remainder of the meeting describing her trip to South America.

The meeting was adjourned at 12:00 p.m.

Respectfully submitted,

MEQ/a

Mary E. Quinlan, R.N.

COORDINATING COUNCIL

Wednesday, October 3, 1956

Miss Sleeper Presiding

Members Present: Misses: Lepper, Sherwin, Corkum, Quinlan, Coghlan, Grady Perkins, Mrs. Braman, Miss Berry, Mrs. Olson, Nursing Service Administrators, Residents.

Recording: Mrs. Matthie

Annual Report

Miss Sleeper issued the outline to be used for the Annual Report.

Report to include Period October 1, 1955 - September 30, 1956. Composite Annual Report of Building or Department to be given to Miss Sleeper by November 15, 1956.

Two copies of Nursing Service Report. Chairman of Committees to present report to Miss Sleeper.

Rotation Plan School of Nursing

The School of Nursing has a committee to make recommendations in regard to the new rotation plan. Members of the Coordinating Council were asked to think about and suggest Nursing Service factors which should enter into the formulation of such a plan.

There followed a discussion of the overlapping of class days, resulting stress factors. Since there are only five days to use as class days for all groups in the Diploma Program, there must be some overlapping. Considerable further discussion followed with the result that the following recommendation was made:

Medical Nursing and Surgical Specialties be held on same class day and Surgical Nursing and Pediatrics on like days in the Diploma Program.
(The Degree Program has no choice of change under present plan.)

Factors Discussed:

1. A plan that would assign students at various levels to a given unit for experience so that there would result better learning through example. (In the embryonic stage there is a plan that a nurse may begin her first Clinical experience in Obstetrics and Psychiatry).

2. The entrance date of Class and the date of affiliations.

3. Contemplated consideration for Pediatrics, larger number of affiliating students entering at a different date from M.G.H. Students with different class days; that one group might be at class, the other on the Wards.

   Forty hours for Pediatric Students, including classes.

4. The importance of reducing the number of hours spent on evening and night duty by students in first two years - delay until Internship.

Scholarship Committee Report

Miss Lepper, Chairman, gave report (copy to be included in Minutes).

Warren Building, New Medical Science Building

Predicted this building will soon open.
The Morgue located on Ground Floor. This will bring about changes in P.M. Procedure. Nursing Practices Committee will issue a list of changes in procedure in advance of revised procedure.

The Entrance to Thayer through main door of the Building.

Medications

Errors -
Miss Sleeper spoke on the report from Boston Lying-In Hospital, in regard to Medicine errors.

There is a feeling that too much faith is put in new procedure. Both Head Nurses and Students are concerned. Miss Grady stated that the Head Nurses in Bulfinch were more concerned with the students apparent unconcerned attitude than they were about the error. Miss Quinlan stated the errors in Pediatrics were at a minimum - probably because the students were supervised closely.

Miss Grady stated that perhaps the Pediatric situation might be a learning situation for those concerned with instruction in giving of medication in other units.

Miss Sleeper will refer the situation to the Executive Faculty.

Miss Lepper stated that our aim was less checking in regard to medications. It should be adequate and safe.

Miss Sleeper will take the question -"Should all drugs be recorded (example: Aspirin - Vitamins)", to the Executive Committee.

Miss Sleeper announced that the School, by the use of a new cost study method, plans to do a Cost Study estimating the student values. This will involve Head Nurses, Supervisors and Assistant Directors.

I. C. N. Building — Miss Sleeper asked if the group was interested in making a contribution to the New I.C.N. Building in New York. The consensus of the group was favorable for this project. A plan will be made to include all groups in a project to raise funds for a contribution. Miss Corbett and Mrs. Matthie were appointed Co-Chairmen.

Staff Education Committee — Miss Dickey WSB, was suggested as a member to fill the vacancy from the Secretarial Group.

Miss Sleeper recommended to us the following Article:
Hospitals Spring, 1956
"Too Much Education. Too Few Nurses"

Respectfully submitted,

Margaret M. Matthie

MMM:lg

Miss H. Sherwin

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

Meeting of the Coordinating Council

February 6, 1957

Present: Misses R. Sleeper, E. Lepper, S. Perkins, H. Petzold, H. Sherwin, J. Stewart, D. Berry, H. Coglan, A. Corkum, R. Farrissey, F. Grady, Mrs. M. Matthie, Miss M. Quinlan and Doctor Pearsall (student in the field of social science).

Absent: Mrs. C. Braman and Miss D. Corbett.

Miss Sleeper opened the meeting with a brief summary report of her recent visit to Mexico as a participating member of the committee on health services to underdeveloped countries. The nurses in Mexico were friendly but not ready to accept this help - not aware that they have a problem. The committee was well received in Cuba. The status of women is better in Cuba. There is beginning to develope a middle class. They did not want to talk about the use of nurse-aides or L.P.N.'s - this is a threat to the nurse.

M.G.H. Alumnae - sponsored Lottie Potts Lectures

Topics for these lectures were solicited. The following suggestions were made:

R. Sleeper - Human Relations - Dr. Ken Benne
H. Sherwin - Health Culture and the Community - Harvard School of Public Health.
E. Lepper - Study of Regional Health Needs and How They Are Being Met. - Dr. Rosenfeld - U.S.P.H. Service affiliated with U.C.S.

Gift of Money to School

Mary Byers Smith, friend of the late Miss Lydia Garrison, presented Miss Sleeper with approximately $ 240.00 as a gift to the school. The money is the balance of a small fund appropriated by Miss Garrison's friends to provide social services during her illness. Miss Sleeper asked for suggestions for its use. Several suggestions were forthcoming; audio-visual aides, dictating machine, an educational trip. The final decision, however, was the purchase of an electric sewing machine for one of the student's dormitories in view of Miss Garrison's interest in this group.

Revision of Schedule for Coordinating Council Meetings

The administrative group has reason to change the schedule for its weekly conference which will effect the established schedule of the

Coordinating Council. Since Monday is not a problem the March date will proceed according to schedule but a change will need to be decided for April and June.

Report from Scholarship Committee

For Spring Semester a total of 70 scholarships were awarded:

Nursing Administration - 12 (2 Assn. Directors, 2 Staff Admin., 8 Supervisors)
Head Nurses and Assn. Head Nurses - 21
Staff Nurses - 40
Instructors - 6 (1 full semester)

For full report see attached.

Nursing Needs for Next 15 Years

Miss Lepper announced that the National Headquarters of the N.L.N. will soon publish a pamphlet which contains statistics and figures which will help predict nursing needs for the next 15 years - help point the way, so to speak. Future expectations are based on the premise that we must maintain what we now have. An example of unrealistic expectations was the goals of the psychiatric nursing group which, if possible to fulfill, would utilize all the nurse-power in the country. In establishing realistic goals, therefore, we must be humble. The committee tried to estimate the recruitment possibilities for the next 15 years; they held the present as a minimum and tried to project a somewhat higher goal. Miss Lepper presented some figures from her notes for the group to digest:

1950 - Nurse population in U.S. = 375,000
or 249 per 100,000 population (one of the highest ratios in the world)

South = 174 per 100,000 population
New England = 321 " " " " "
(Mass. very high)
Arkansas = 98 per 100,000 population
(12 states with more than 300 per 100,000 population)

1956 - Nurse population in U.S. estimate = 430,000

1960 - General population growth estimated to be 165,000,000

1970 - " " " " " " 220,000,000

Where are nurses ?

	Total Nurse Population	Hospitals	P.H.	Private Duty
1920	149,000	11,000	not avail.	not avail.
1950	374,000	205,389	24,330	67,012
1954	401,700	239,600	25,900	74,000
1956	430,000	264,800	27,300	72,000

(Since 1950 part-time nurses have increased 3,900 per year).

Currently 41 to 45,000 young women are recruited for schools of nursing. It is estimated that by 1959 this number will be increased to 59,000 and by 1965 to 71,000. Statistics show that in the last 10 years out of every 100,000 graduates from high schools 40 young women went into schools of nursing. Current figures showing nursing categories in relation to areas:

Area of Country	L.P.N.	Diploma	Degree	Total
North Atlantic	4.8	24.1	1.9	30.8
Mid West	5.5	19.1	1.9	26.5
South	6.0	10.5	1.0	17.5
West	10.4	9.1	2.4	21.9

Junior Colleges (public supported) account for high figure for L.P.N. group.

National groups need to push areas that are importing. Licensure of L.P.N. needs to be consistent throughout nation; evidenced by fact that this group stays where they are trained.

Graduate attrition rate annually in U.S. = 4.8 %
- North Atlantic = 5.9 %
- North West = 5.3 %
- South = 4.3 %
- Far West = 2.9 %

Based upon nurse distribution in relation to employment, what should we look for in educational facilities to maintain standards ?

Presently Employed (supervised)

General duty nurse Private duty nurse Office nurse Infirm. nurse	67 %	= Diploma

Presently Employed (supervisory)

Head nurse and assn. P.H. staff nurse P.H. industry	20 %	33 %	= Degree
Nurse Admin. superv. P.H. supervisor Nurse - faculty	13 %		= Higher Degree

With the above taken as a basis - if we were to aim for 300 nurses per 100,000 population we would need to increase enrollment in

Diploma Schools	5 %
Baccalaureate	300 %
Higher Degree	820 %

Trends in enrollment:

Year	Diploma	Degree
1949	94.4 %	5.6 %
1956	85.1 %	14.9 %
1965	71.4 %	28.6 %

Conclusions - Tremendous task - so much to do. How is nursing going to prevent poor programs ? How can we prepare supervisors to absorb the increased responsibility ? How must schools plan ? How must nursing service plan ? Where is our nurse power and why is it ? Nurse ratio per patient smaller in large teaching centers. N.L.N. plan to study foregoing. In schools for licensed practical nurses attrition = 50 % (still 33 % in schools of nursing). Careful screening plus good program cuts attrition. It remains the responsibility of State League of Nursing to make possible regional planning.

Educational Plan for September (1957) Graduating Class

The first unit includes a 15 hour course (seminar type) in group relationships under Dr. Trowbridge (B.U.). This is a real effort to better prepare M.G.H. graduates for their role in the nursing team.

Concurrent with this course we need a plan which will prepare the nurse to assume her role in the team plan. Miss Sleeper posed these questions. Where do they fit into the team ? How do they plan (school) ? Where does teaching of the team plan belong ? In-service education or somewhere else ? It appears that there are four major areas for the student interne to develop,

1. the group
2. the team
3. leadership in general
4. advanced nursing.

H. Sherwin interpreted attitude of student toward team "completely confused - fed up - allergic to wards". Miss Lepper felt that for the present it would be unrealistic to think that the Staff Education Department could take it on. Miss Stewart sees considerable advantage, from a learning point of view in the young staff nurse sharing nursing experiences with student in a conference frame work. She would like to see Nursing Service help with this. It was suggested that Assn. Directors with their supervisors might help launch a beginning program; even a start in one building might develop a sound, on-going plan. It was suggested that a committee be formed to discuss this as a possibility. Those names proposed - E. Lepper, M. Poulin, V. Johnsen, R. Peloquin, F. Grady.

A Student Problem Worthy of Our Thinking

Miss Sleeper asked the group if, in their opinion, there was any philosophical basis for the students feeling that they are maids ? Is this feeling general among nurses or just students ? Miss Sleeper would like some discussion on this at a future meeting.

Meeting adjourned at 11 A.M.

Respectfully submitted,

FCG/ag

Frances C. Grady

COORDINATING COUNCIL

June 5, 1957

Presiding: Miss Sleeper

Members present: Miss Grady, Miss Corkum, Miss Corbett, Miss Quinlan, Miss Doghlan, Miss Berry, Miss Perkins, Miss Sherwin, Miss Petzold.

Guests: Boston University field students in nursing service administration with Miss Berkley, their faculty supervisor.

Notices: Miss Sleeper called attention to the following publications: 1.-New England Hospitals by Leonard Eaton; 2.-International Nursing Review, May 1957, articles on nursing of the mentally defective child; 3.-Disaster Manual for Nurses, Commonwealth of Massachusetts; and 4.-Formal Education in the Process of Professionalization, A Study of Student Nurses, Community Studies Inc., Kansas City.

Korean Scholarship: Additional money needs to be raised to finance the tuition and fees for the Korean students. A committee chaired by Miss Corkum, will include Miss Corbett, Miss Petzold, Miss McCann and two students will meet to consider ways to raise the necessary monies. The project of sponsoring two Koreans to come to Massachusetts General as student nurses will terminate with the graduation of the two students currently enrolled. Financing additional Korean students will be reconsidered at a later date.

OPD Study: Miss Berry and Miss Lepper reported on the meeting at Osgood Hill when the study of nursing in seven hospital clinics was discussed. Methods used during the investigation included: interviews, interpretation of cartoons depicting a doctor, a nurse and a patient. The study originated out of a concern for public health nursing experience for student nurses. Is there such experience available in the clinic? Additional money is being sought in order to continue the study. Results to-date are not in any way conclusive.

In-Service Education: Miss Grady reported on a three-day workshop on in-service education and sponsored jointly by the AHA and NLN. There were 107 registrants with cross-country representation attending the meetings. Seventy-five percent of the registrants came from hospitals or agencies which offered no form of in-service education. Topics discussed included, what makes a program, what can an in-service program do for the hospital, analysis of needs of staff in order to make a program effective and on-going responsibilities of nursing service, orientation and skill

COORDINATING COUNCIL

June 5, 1957

Presiding: Miss Sleeper

Members present: Miss Grady, Miss Corbett, Miss Corbett, Miss Quinlan, Miss Coghlan, Miss Berry, Miss Perkins, Miss Sherman, Miss Fosdick.

Guests: Boston University Field students in nursing service administration with Miss Berkley, their faculty supervisor.

Motions: Miss Sleeper called attention to the following resolutions: 1.-A. Planned Hospital by Lowman Lecture; 2.-Intermediate Nursing Service, May 1957, articles on nursing of the mentally defective child; 3.-Director (Dean) for Nursing, Commonwealth of Massachusetts; and 4.-Medical Education in the Process of Professionalization; 5.-Study of Public Health Nurses, Community Health Services, Kansas City.

Korean Scholarship: Additional money needs to be raised to finance the tuition and fees for the Korean students. A committee chaired by Miss Corbett, with including Miss Corbett, Miss Lattold, Miss McGuire and two students will meet to consider ways to raise the necessary monies. The project of sponsoring two students to come to Massachusetts General as student nurses will terminate with the graduation of the two students currently enrolled. Financing additional Korean students will be reconsidered at a later date.

OPD Study: Miss Berry and Miss Lapper reported on the meeting at Oregon HSA when the study of nursing in seven hospital clinics was discussed. Methods used during the investigation included: interviews, interpretation of conditions (plotting a doctor, a nurse and a patient). The study originated out of a concern for public health nursing experiences for student nurses. In this such experiences available in the clinics additional money is being sought in order to continue the study. Results to-date are not in any way conclusive.

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training, leadership and management, and evaluation of programs.

NLN 1957 Convention

Miss Sherwin reported on several meetings which she attended at the 1957 NLN convention in Chicago. She touched briefly on programs which dealt with facilities for student nurses in rural nursing, current results from testing of students and faculty on knowledge of cancer nursing, overweight in students, junior college programs in nursing.

Miss Lepper reported briefly on other meetings concerned with the preparation of the head nurse, test construction, evaluation and guidance, new NLN booklet concerned with nursing for the future, fire prevention, methods of teaching, new answers for old problems in nursing administration.

ICN

Miss Sleeper reported on the May ICN meetings held in Rome. She has referred to the Palmer Davis Library several pieces of printed material put out by the ICN. Miss Agnes Ohlson was elected president of the ICN. Miss Sleeper described the revision of administrative pattern for the ICN in which the Florence Nightingale International Foundation has merged with the ICN. Topics discussed at the various meetings included the role of the nurse in the community, selection of students for nursing, the nurse in world health.

The meeting was adjourned at 12:15 p.m.

Respectfully submitted,

Mary E. Quinlan, R.N.

MEQ/a

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Miss Lepper reported briefly on other meetings concerned with the preparation of the head nurse, test construction, evaluation and guidance, new NLN booklet concerned with nursing for the future, fire prevention, methods of teaching, new answers for old problems in nursing administration.

ICN

Miss Sleeper reported on the July ICN meetings held in Rome. She has referred to the Palmer Davis Library several pieces of printed material put out by the ICN. Miss Agnes Gibson was elected president of the ICN. Miss Sleeper described the revision of administrative pattern for the ICN in which the Florence Nightingale International Foundation has merged with the ICN. Topics discussed at the various meetings included the role of the nurse in the community, selection of students for nursing, the nurse in world health.

The meeting was adjourned at 12:15 p.m.

Respectfully submitted,

Mary E. Quinlan, R.N.

MEQ/a

Coordinating Council Meeting

June 26, 1957

Nursing Service Administrative Meeting cancelled, and Council meeting called.

Present: Misses Jessie Stewart, Daphne Corbett, Helen Coghlan, Mary Quinlan, Doris Berry, Sylvia Perkins, Helen Sherwin, Edna Lepper, Frances Grady, and Adele Corkum.

Miss Ruth Sleeper presiding.

The following questions were discussed:

When a student moves into a ward situation where the team plan is functioning; what happens to the team, the student, the team leader, and instructor.

Is the instructor clear as to what her role in the team is?

Could the instructor say what type of experience the student needs?

1. Purpose of student in area.

2. Students' needs.

3. Type of patient in relationship to type of care to be taught.

4. Other experiences you want her to participate in.

The following conclusions were made:

1. Assignment of student to one team only; not to be member of two teams because of experience too difficult for student and instructor.

2. Head nurse may be the one who the instructor contacts for assignment but she may also be referred to the team leader.

3. Observer at team conference. Student as a member of the team participates in the team conference.

4. The instructor "a listener", who after conference will further discuss with the students the students' needs in relation to patient care.

5. Not advisable to have more than one instructor at the team conference. This means that when the diploma students and the degree students are on the same floor the instructors will decide which one will go to which team conference and when.

Coordinating Council Meeting

June 24, 1957

Meeting Service Administrative Meeting cancelled, and Council meeting called.

Present: Misses Jessie Stewart, Daphne Corbett, Helen Coghlan, Mary Gallion, Doris Harry, Sylvia Perkins, Helen Sherwin, John Lapper, Frances Urady, and Adele Corbin.

Miss Ruth Glasper presiding.

The following questions were discussed:

When a student moves into a work situation where the team plan is functioning, what happens to the team, the student, the team leader, and instructor.

Is the instructor clear as to what her role in the team is?

Could the instructor say what type of experiences the student needs?

1. Purpose of student in area.

2. Students' needs.

3. Type of problem in relationship to type of care to be taught.

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The following conclusions were made:

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3. Observer at team conference. Student as a member of the team participates in the team conference.

4. The instructor "a listener", by other conference will further discuss with the students the students' needs in relation to patient care.

5. Not advisable to have more than one instructor at the team conference. This means that when the diploma students and the degree students are on the same floor the instructors will decide which one will go to which team conference and when.

Discussion of team conferences and what is hoped to be accomplished by these conferences followed. Quality of patient care should improve as more and more work is done with the team leaders in how to carry on one of these conferences. Criticism was made that many times comments made by the various members ~~to~~ team were not noted in the nursing notes, and at times non-complimentary remarks made.

The remainder of the period, Miss Jessie Stewart outlined the new rotation plan as set up because of the one large class a year, rather than the two classes September and March. Curriculum changes which will be effective at the same time were briefly discussed. It was very evident that a great deal of planning and discussion had gone into both the rotation and curriculum plans. Miss Stewart offered to come to Head Nurse meetings so that the head nurses will be informed of these changes.

Respectfully submitted,
Adele L. Corkum
Assistant Director of Nursing

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Respectfully submitted,
Adelle L. Corkern
Assistant Director of Nursing

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

COORDINATING COUNCIL MEETING

SEPTEMBER 9, 1957

Miss Sleeper presiding

Present: Misses Grady, Sherwin, Coghlan, Quinlan, Corbett, Petzold, Stewart, Perkins.

Absent: Mrs. Braman, Miss Corkum, on vacation.

Class room space for student nurses

Miss Sleeper to notify doctors of need, so that doctors will not continue to feel that medical classes "come first", particularly when doctors' classes are booked late.

Orientation of student nurses to evening and night duty.

Mrs. Johnsen, instructor in Bulfinch, has said that students are sufficiently oriented to night duty without involvement of the night duty. Students assigned to a first night duty are on duty with a more experienced student. The head nurse prepares student in part, as does the instructor, for evening duty. Miss Ham and Miss Grady, night supervisor, see needs that are not being met by the present orientation. Night and evening nurse functions should be revised. It is believed that the evening and night supervisors should have a contact with new nurses assigned to those periods. Miss Hicks is to be asked to designate on the "change" list the first evening and night duty. Assistant directors of nursing are to notify the supervisors involved. The instructors are to notify the students involved.

Annual Report

Assistant directors and chairmen of committees. Due November 1 for October 1, 1956 - September 30, 1957. Not to be too detailed. Attempt to predict trends and needs.

Conference on care of cardiac patients - Jimmy Fund Bldg. 9;30-4 Sept. 26.

For M.L.N. Nursing Service. Suggest one instructor from diploma and one from degree program. Participants to pay own registration fee of $1.00. Miss Sleeper to have names of participants by the end of this week.

State Clearing House for Meeting Dates of Organizations

File to be maintained at M.S.N.A.

New Class of Student Nurses

136 enter September 10.

Miss Petzold responsible for first year.
Students are primarily away on affiliation during the second year.
Miss Hardeman responsible for internship.

New Program

1st week - physical exams.

1-10 weeks of curriculum centered around growth and development and social aspects.

34 students in a section.

First 3 weeks students will have field trips in Boston area.

Three threads - family - community - culture concepts. Hope to plan nursery school operation. Until possible students will observe the play program in Burnham.

Beginning end of October hope to arrange observations in Clinics.

Beginning 10th week - care of ambulatory patients. Assigned to a ward for one day a week for 2½ hours - Tuesda , Wednesday, Thursday, Friday.

Classes in Nutrition will be held.

Next - basic supportive care of patients on bed rest - team plan concepts.

Beginning January students will be assigned 2½ practice days - Off Saturday and Sunday.

Middle of February - problems of patient care not related to a disease entity.

Integrated medical and surgical classes the last of February. Assigned to wards 3½ practice days - two groups.

Instructors will make out student time for the first year and will make every effort to keep the numbers assigned for practice constant.

The preclinical instructors in nursing will become clinical instructors for the period of student clinical experience.

Housing

Rooms will be available for graduate nurses, although not necessarily in Bartlett Hall.

Student nurses will furnish their own spreads with the exception of Bartlett Hall. Nurses may be asked to furnish their own blankets.

Tea for Incoming Students

To be held in Yard outside of Walcott House, or, if weather does not permit, in the East Pay Cafeteria.

Plans for Coordinating Council Meetings

Committee to plan meetings, Miss Quinlan and Miss Petzold.

The next meeting is to be held October 9 instead of October 2.

Guidance Program

Dr. Farnsworth will work with the Faculty of the School of Nursing.

Edna S. Lepper, Secretary

ESL:BF
9-9-57

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

MINUTES, COORDINATING COUNCIL

TIME: Monday, November 4, 1957, 10:15-12:00 A.M.
PLACE: Miss Sleeper's Suite
PRESENT: Misses Corbett, Grady, Quinlan, Berry, Corkum, Coughlin, Mrs. Bremen; Misses Stewart, Petzold, Sherwin, Hardeman, Perkins; Miss Sleeper
ABSENT: Miss Lepper

1. Dates of Christmas parties announced:-
   Hospital party - Monday, December 23
   Nursing department - December 17 - committee
   Misses Corbett, Grady, Sherwin, Hardeman.
   Miss Corbett calls the first meeting.

2. Student nurse errors and their reporting -
   The channels via which reports should be made and the number of persons by whom the student needs to be seen were considered.
   Outcomes:- An original and carbon copy shall be prepared for each incident. Original copy goes via Head Nurse to supervisor and stays with Nursing Service; carbon goes via clinical instructor to Miss Stewart (Coordinated Program Miss Perkins) or Miss Sleeper. Instructor's copy may be placed in table drawer in Miss Evans' office if not given to instructor directly.
   The nature of the incident determines by whom student is seen but the head nurse and clinical instructor are routinely involved; the former to insure appropriate reporting, handling, and recording and the latter to try to reinforce appropriate learning for the individual and other students as well as to give any additionally needed support to the student involved.

3. The assignment of student nurses to night duty when the regular night nurse is off duty and lightening the heavy hour load of student night nurses.
   The advent of class days means that on two days a week night nurses must be up for classes so that in two weeks of night duty with four class days the student has a fifty-hour week on the average.
   Outcomes:- Miss Sleeper is to distribute a notice effective week of December 2 to the effect that
   a) Students on night duty to relieve regular night nurse for two or four nights shall be given one day off that is free of classes in addition to the "sleep day".
   b) In the week of day duty following a night (fourteen) duty assignment, students will be given an additional four hours off duty. (Another four hours will be considered after a trial period of about three months when a report will be made at Coordinating Council.)

4. The need for all School policies to be compiled and distributed was recognized. Miss Stewart volunteered to compile these. She asked that all members of Coordinating Council submit to her their ideas of existing policies. These will be reviewed at next Coordinating Council meeting.

5. The question was reviewed, "Why it is not thought advisable for a student assigned to one ward to be moved to another within the same service?"

Policy:- First level clinical students are not to be moved without consulting the School (Miss Sleeper or Miss Stewart) about the student involved.

Premise: A student may have been having a personal problem or may be making a slow adjustment to clinical experience about which only the School would know. At times, also, an interruption in a planned educational experience has great disadvantages.

6. Overloading of clinical facilities with student nurses; head nurses asking for help in managing so many people advantageously for education and service.

Miss Grady cited the situation on B1 and 6 when nine new McLean men affiliates were added to six Coordinated Program students already in the situation plus Massachusetts General Hospital nurse-internes and the permanent staff.

Conferences were held by assistant director and supervisor; the stress-adjustments of the head nurses were identified; most crucial periods were relieved by selected devices which the group was asked to consider.

Outcome:- Invite clinical instructors of both programs and all services to compare notes at Coordinating Council on philosophy of educational assignments and the components thereof.

7. An extension of #6 -

"How can the best provisions be made for head nurses and instructors to get together so each has a continually expanding understanding of what the other is guided by, what she is trying to do, how both are trying to solve their problems, what problems can be better comprehended and attacked by improved exchanges.

Suggestion: In each building, the assistant director of Nursing Service will call a meeting of the two groups to identify needs. Supervisors, head nurses and clinical instructors are to be included.

8. Reporting by student nurses of their illness when Miss Hurley off duty and Nursing office closed as well as other times.

If student is on duty and she reports off to head nurse or supervisor during the day or evening, be sure Miss Hurley or Central Nursing office is notified.

If student is off duty she reports to Miss Hurley or Central Nursing during the day except in dire emergency when she may be taken to the Emergency Ward directly.

Nursing Service was asked if it would be possible in Miss Hurley's absence for an evening or night supervisor to be called by a student so that her need could be evaluated and appropriate support and direction offered. This would tend to prevent having doctors called by the Emergency Ward in the night in circumstances when this was not necessary.

Outcome: Evening and night supervisors and student nurses and heads of dormitories to be so informed.

9. Team-nursing considerations.
Miss Lepper has specified Miss Brown as the person with whom contacts regarding team nursing should be made.

Sylvia Perkins
Secretary, Pro tem.

MASSACHUSETTS GENERAL HOSPITAL

School of Nursing

MINUTES - COORDINATING COUNCIL

December 4, 1957

Presiding: Miss Sleeper

Present: Misses: Sleeper, Lepper, Corkum, Perkins, Corbett, Grady, Quinlan, Petzold, Sherwin, Coughlan, Berry, Zawitsky, Hardeman, and Mrs. Braman.

Asian Flu Information: Miss Lepper reviewed a communication from the American Hospital Association concerning the Asian Flu epidemic. The following points were included:

1. The epidemic is subsiding (on a national level - some areas are still reporting large numbers of cases, however).

2. There may be a second wave during the first months of next year; those not yet vaccinated should get the vaccine.

3. Hospital personnel who have been vaccinated do not need to be re-vaccinated.

Restraints: Miss Sleeper reported that the Executive Committee would soon establish a new policy for the application of restraints. Doctors will be responsible for reporting to Administration and authorizing the application of restraints on the wards.

Christmas Party: The Nursing Department will be responsible for hostessing on December 23rd from 3:00 p.m. to 4:00 p.m. A breakfast for all night personnel will be held on December 23rd; members of the Administrative Groups will assist in the serving of this meal.

Day and Evening Staff will also be the guests of the hospital at Christmas dinner provided at noon and the late evening.

The Children's Party will be held on the evening of December 19th.

Mrs. Balentine will be responsible for the ward parties for patients this year.

Carol Service:

This will be held at the Old North Church on December 17th, at 8:00 p.m.

Massachusetts General Hospital Students will appear on television, Channel 4 on December 19th between 6:30 p.m. and 6:45 p.m.

Workmen's Compensation:

As of July 1, 1957 student and graduate nurses will be covered by Workmen's Compensation. It was suggested that Mr. Vail be asked to talk to the Coordinating Council and clarify the application of this law when student nurses are involved.

Extended Experience for Students:

Miss Grady reviewed the problem which occurs on the floors when many students are assigned to them at the same time. The following were suggested as possible activities for extended clinical experience:

1. Accompany patients to X-ray, Bronchoscopy, Physio-therapy, Occupational Therapy and Operating Room.

2. Go to the Library or the Pharmacy to investigate the use of unusual treatments or drugs.

3. Report to other students in ward, clinics and team conferences information which has been learned from "extended experience."

Pre-planning for such learning activities is imperative if the plan is to be effective. An explanation to students is necessary in order that such experiences will not be expected during all ward assignments.

All departments which will be concerned with this type of experience should be oriented to the "Extended Experience Plan".

A committee was appointed to plan a meeting for the purpose of orienting Clinical Instructors, Head Nurses and Administrative Supervisors to the "Extended Experience" Program. The members of the committee are as follows:

Miss Grady, Assistant Director
Miss M. Rearick, Supervisor, Bulfinch Building
Mrs. Polcari, Head Nurse, White-7
Miss Borgazini, Head Nurse, Bulfinch Building
Mrs. Ellison, School of Nursing
Miss N. Petzold, School of Nursing
Miss B. Woodbury, School of Nursing

It was suggested that the meeting should be planned for late January or early February.

Narcotic and Medicine Closet Control Experience:

Miss Lepper reported that a new method of controlling access to the medicine closets was being tried out on White-8, Baker-8, Vincent-2, and Phillips House-5. The trial system was developed through discussion with the participants and seems to be operating well.

Nursing Department Scholarship Program:

Miss Lepper summarized the statistics on the Scholarship Program. They were as follows:

76 scholarships were granted amounting to a total of 226 credit hours for the Fall Semester.

9 scholarships were granted during the Summer Semester, amounting to a total of 25 credit hours.

During the Fall Semester, the following categories of personnel utilized the program:

Assistant Directors. 2
Supervisors. 9
Instructors (Nursing Service). 3
School of Nursing Instructors. 3
L.P.N Instructor 1
Head Nurses. 16
Staff Nurses 46

The Scholarship Committee is to retain its present membership. New members will not be appointed.

Pre-packaged Dressings: Pre-packaged dressings will be in use soon (on a trial basis) throughout the hospital. The Johnson and Johnson Company Representative is talking with medical and nursing groups in order to explain the proper use of these dressings.

Use of Abbreviations: Miss Lepper asked that the Supervisors make a check of all abbreviations used on medicine cards and submit same to her.

Dr. Kaplan arrived at 11:10 a.m.

Respectfully submitted,

D. Berry, R.N.,
ASSISTANT DIRECTOR OF NURSING SERVICE

DB:lg
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Miss Skewin

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

December 30, 1957

MEMORANDUM

FROM: Ruth Sleeper

Following are the dates for Coordinating Council for the year 1958.

Monday	January 6
Wednesday	February 5
Monday	March 3
Wednesday	April 2
Monday	May 5
Wednesday	June 4
Monday	July 7
Wednesday	August 6
Monday	September 8
Wednesday	October 1
Monday	November 3
Wednesday	December 3

Reminder: When Coordinating Council meets on a Monday it meets from 10-12.

When Coordinating Council meets on a Wednesday it meets from 9-11.

BF

1-145: IEC-10b Administration, Nursing Service + School I School of Nursing